

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State KANSAS

Citation
42 CFR Part
440, Subpart B
42 CFR 441.15
AT-78-90
AT-80-34

3.1(b) Home health services are provided in accordance with the requirements of 42 CFR 441.15.

- (1) Home health services are provided to all categorically needy individuals 21 years of age or over.
- (2) Home health services are provided to all categorically needy individuals under 21 years of age.

☒ Yes

☐ Not applicable. The State plan does not provide for skilled nursing facility services for such individuals.

- (3) Home health services are provided to the medically needy:

☒ Yes, to all

☐ Yes, to individuals age 21 or over; SNF services are provided

☐ Yes, to individuals under age 21; SNF services are provided

☐ No; SNF services are not provided

☐ Not applicable; the medically needy are not included under this plan

179 does not agree w/ pg# critique

TN # 80-8
Supersedes
TN #

Approval Date 9/5/80
7-10-80

Effective Date 7-1-80
7-5-80

Revision: HCFA-PM-93- (BPD)

State/Territory: Kansas

Citation	3.1	<u>Amount, Duration, and Scope of Services (continued)</u>
42 CFR 431.53	(c) (1)	<u>Assurance of Transportation</u>
		Provision is made for assuring necessary transportation of recipients to and from providers. Methods used to assure such transportation are described in ATTACHMENT 3.1-D.
42 CFR 483.10	(c) (2)	<u>Payment for Nursing Facility Services</u>
		The State includes in nursing facility services at least the items and services specified in 42 CFR 483.10 (c) (8).

TN/MS-93-28 Approval Date JAN 24 1994 Effective Date OCT 1 1993 Supersedes TN/MS-91-41

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State KANSAS

Citation
42 CFR 440.260
AT-78-90

3.1(d) Methods and Standards to Assure
Quality of Services

The standards established and the
methods used to assure high quality
care are described in ATTACHMENT 3.1-C.

TN # 27-4-775
Supersedes
TN # 774

Approval Date 11-22-77
8-19-77

Effective Date 2-1-77

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State KANSAS

Citation
42 CFR 441.20
AT-78-90

3.1(e) Family Planning Services

The requirements of 42 CFR 441.20 are met regarding freedom from coercion or pressure of mind and conscience, and freedom of choice of method to be used for family planning.

TN # 224 78-1
Supersedes
TN # 775

Approval Date 5/24/78
8-19-77

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Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State KANSAS

Citation
42 CFR 441.30
AT-78-90

3.1(f) Optometric Services

Optometric services (other than those provided under §§435.531 and 436.531) are not now but were previously provided under the plan. Services of the type an optometrist is legally authorized to perform are specifically included in the term "physicians' services" under this plan and are reimbursed whether furnished by a physician or an optometrist.



Yes



No. The conditions described in the first sentence apply but the term "physicians' services" does not specifically include services of the type an optometrist is legally authorized to perform.



Not applicable. The conditions in the first sentence do not apply.

TN # 22-478-1
Supersedes
TN # 77-5

Approval Date 5/24/78

Effective Date 7-1-77

Revision: HCFA-PM-87-4 (BERC)
MARCH 1987

OMB No.: 0938-0193

State/Territory: Kansas

Citation
42 CFR 431.110(b)
AT-78-90

3.1 (g) Participation by Indian Health Service Facilities

Indian Health Service facilities are accepted as providers, in accordance with 42 CFR 431.110(b), on the same basis as other qualified providers.

1902(e)(9) of
the Act,
P.L. 99-509
(Section 9408)

(h) Respiratory Care Services for Ventilator-Dependent Individuals

Respiratory care services, as defined in section 1902(e)(9)(C) of the Act, are provided under the plan to individuals who--

- (1) Are medically dependent on a ventilator for life support at least six hours per day;
- (2) Have been so dependent as inpatients during a single stay or a continuous stay in one or more hospitals, SNFs or ICFs for the lesser of--

☐ 30 consecutive days;

☐ ___ days (the maximum number of inpatient days allowed under the State plan);

- (3) Except for home respiratory care, would require respiratory care on an inpatient basis in a hospital, SNF, or ICF for which Medicaid payments would be made;

- (4) Have adequate social support services to be cared for at home; and

- (5) Wish to be cared for at home.

☐ Yes. The requirements of section 1902(e)(9) of the Act are met.

☒ Not applicable. These services are not included in the plan.

TN No. MS-87-22

Supersedes

TN No. no transmittal number

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Sept 1, 87

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4/1/87

HCFA ID: 1008P/0011P

KANSAS MEDICAID STATE PLAN

29

Revision: HCFA-PM-93-5 (MB)
May 1993

State/Territory: Kansas

Citation

3.1 Coordination of Medicaid with Medicare
and Other Insurance

(a) Premiums

(1) Medicare Part A and Part B

1902(a)(10)(E)(i) and
1905(p)(1) of the Act

(i) Qualified Medicare Beneficiary
(QMB)

The Medicaid agency pays
Medicare Part A premiums
(if applicable) and Part B
premiums for individuals in
the QMB group defined in
Item A.25 of ATTACHMENT 2.2-A,
through the group premium
payment arrangement, unless
the agency has a Buy-in
agreement for such payment,
as indicated below.

Buy-In agreement for:

_____ Part A X Part B

_____ The Medicaid agency
pays premiums, for
which the beneficiary
would be liable, for
enrollment in an HMO
participating in
Medicare.

Revision: HCFA-PM-97-3 (CMSO)
December 1997

State: Kansas

Citation

1902(a)(10)(E)(ii)
and 1905(s) of the Act

(ii) Qualified Disabled and Working
Individual (ODWI)

The Medicaid agency pays Medicare Part A premiums under a group premium payment arrangement, subject to any contribution required as described in ATTACHMENT 4.18-E, for individuals in the ODWI group defined in item A.26 of ATTACHMENT 2.2-A of this plan.

1902(a)(10)(E)(iii)
and 1905(p)(3)(A)(ii)
of the Act

(iii) Specified Low-Income Medicare
Beneficiary (SLMB)

The Medicaid agency pays Medicare Part B premiums under the State buy-in process for individuals in the SLMB group defined in item A.27 of ATTACHMENT 2.2-A of this plan.

1902(a)(10)(E)(iv)(I),
1905(p)(3)(A)(ii), and
1933 of the Act

(iv) Qualifying Individual-1
(OI-1)

The Medicaid agency pays Medicare Part B premiums under the State buy-in process for individuals described in 1902(a)(10)(E)(iv)(I) and subject to 1933 of the Act.

1902(a)(10)(E)(iv)(II),
1905(p)(3)(A)(ii), and
1933 of the Act

(v) Qualifying Individual-2
(OI-2)

The Medicaid agency pays the portion of the amount of increase to the Medicare Part B premium attributable to the Home Health Provision to the individuals described in 1902(a)(10)(E)(iv)(II) and subject to 1933 of the Act.

Enclosure 3 continued

29b

Revision: HCFA-PM-97-3 (CMSO)
December 1997

State: Kansas

Citation

1843(b) and 1905(a)
of the Act and
42 CFR 431.625

(vi) Other Medicaid Recipients

The Medicaid agency pays Medicare Part B premiums to make Medicare Part B coverage available to the following individuals:

X All individuals who are: (a) receiving benefits under titles I, IV-A, X, XIV, or XVI (AABD or SSI); b) receiving State supplements under title XVI; or c) withing a group listed at 42 CFR 431.625(d)(2).

X Individuals receiving title II or Railroad Retirement benefits.

X Medically needy individuals (FFP is not available for this group).

1902(a)(30) and
1905(a) of the Act

(2) Other Health Insurance

X The Medicaid agency pays insurance premiums for medical or any other type of remedial care to maintain a third party resource for Medicaid covered services provided to eligible individuals (except individuals 65 years of age or older and disabled individuals, entitled to Medicare Part A but not enrolled in Medicare Part B).

KANSAS MEDICAID STATE PLAN

29c

Revision: HCFA-PM- - (MB)

State/Territory: Kansas

Citation

(b) Deductibles/Coinsurance

(1) Medicare Part A and B

1902(a)(30),
1902(n), 1905(a),
and 1916 of the Act

Supplement 1 to ATTACHMENT 4.19-B
describes the methods and standards for establishing
payment rates for services covered under Medicare and/
or the methodology for payment of Medicare deductible
and coinsurance amounts, to the extent available for
each of the following groups.

Sections 1902
(a)(10)(E)(i) and
1905(p)(3) of the Act

(i) Qualified Medicare Beneficiaries (QMBs)

The Medicaid agency pays Medicare Part A and Part
B deductible and coinsurance amounts for QMBs
(subject to any nominal Medicaid copayment) for
all services available under Medicare.

1902(a)(10),
1902(a)(30),
and 1905(a) of the Act

(ii) Other Medicaid Recipients

The Medicaid agency pays for Medicaid services
also covered under Medicare and furnished to
recipients entitled to Medicare (subject to any
nominal Medicaid copayment). For services
furnished to individuals who are described in
section 3.2(a)(1)(iv), payment is made as follows:

42 CFR 431.625

_____ For the entire range of services available
under Medicare Part B.

X Only for the amount, duration, and scope of
services otherwise available under this
plan.

1902(a)(10)
1902(a)(30),
1905(a), and 1905(p)
of the Act

(iii) Dual Eligible--QMB plus

The Medicaid agency pays Medicare Part A and Part
B deductible and coinsurance amounts for all
services available under Medicare and pays for all
Medicaid services furnished to individuals
eligible both as QMBs and categorically or
medically needy (subject to any nominal Medicaid
copayment).